



## 01-14-02





## TRANSMITTAL OF UTILITY PATENT APPLICATION FOR FILING

Certification under 37 CFR 1.10 (if applicable)

EL841694927US	October 23, 2001	
	Date of Deposit	Čė Ž
I hereby certify that this Transmittal letter, enclosed appl in an envelope with the United States Postal Service "Exp above and addressed to: Box Patent Application, Comr	Date of Deposit  ication, and any other documents referred to as enclosed herein, as oress Mail Post Office to Addressee" service under 37 CFR 1.10 on missioner for Patents, Washington, D.C. 20231.	re being deposite the date indicate
Cederic Rodgers	( exercise lukages	
(Typed or printed name of person mailing application)	(Signature of person mailing application	tion)
BOX PATENT APPLICATION COMMISSIONER FOR PATENTS Washington, D.C. 20231	Attorney Docket	No. <u>PPI-131</u>
Sir: Transmitted herewith for filing is the utility patent APOMORPHINE-CONTAIN MALE ERECTILE DYSFUN	Customer Num	ber <u>002387</u>
Transmitted herewith for filing is the utility patent	application of inventor(s): Ragab El-Rashidy and Bruce I	Ronsen
and entitled:  APOMORPHINE-CONTAIN  MALE ERECTILE DYSFUN	ING DOSAGE FORM FOR AMELIORATING CTION	
1. Type Of Application		
1. Type Of Application  This application is:  an original (nonprovisional) application of prior application Serial		
a continuation of prior application S  X a continuation-in-part of prior application	l No Serial No Cation Serial No09/606,919  Serial No Serial No09/606,919  Serial No09/606,919	ompanying
2. Enclosed Application Elements are:		
1 copy of an executed declaration or oath for the ut X an unexecuted declaration or oath for the	act) containing pages 1-75;  (13) sheet(s) of formal drawings, OR  sheet(s) of informal drawings, ility patent application including a power of attorney, OR utility patent application including a power of attorney, OI including power of attorney from a priority application, the priority application	R

## TRANSMITTAL OF UTILITY PATENT APPLICATION FOR FILING Page 2

- 3. Enclosed Accompanying Application Parts are:
  - \_\_ Preliminary Amendment
    - Claim cancellations are indicated in Preliminary Amendment
  - X one itemized, stamped, and self-addressed postcard for the PTO Mail Room date stamp.
  - English translation document
  - Information Disclosure Statement including Form PTO-1449 and copies of the citations therein.
- 4. Small entity status
  - \_\_\_ Applicant claims small entity status. See 37 CFR 1.27.

	(Col. 1)	(Col. 2)			
For:	Number Filed	Number Extra	Rate	Fee	
Basic Fee		•		\$	740
Total Claims	10 20	= 0	x \$ 18 =	\$	-0-
Independent Claims	3 — 3	= 0	x \$ 84 =	\$	-0-
Multiple Dependent Claim Presented (if applicable) + \$280 =					N/A
			Subtotal	\$	740
Reduction by 50% for filing by small entity					N/A
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2. TOTAL				\$	740

- Please charge my Deposit Account No. 15-0508 in the amount of \$\_\_\_\_\_
- X A check in the amount of \$740.00 to cover the filing fee is enclosed.
- X The Commissioner is authorized to charge payment of the following amounts associated with this communication or credit any overpayment to Deposit Account No. 15-0508:
  - X Additional filing fees under 37 CFR 1.16 or deficiencies in remittances therefor.
  - X Additional processing fees under 37 CFR 1.17 or deficiencies in remittances therefor.
- X ONLY if applicant has partially paid the patent issue fee under 37 C.F.R. §1.18, then the <u>deficiency</u> shall be charged to Deposit Account No. 15-0508, and the Commissioner is authorized to so charge the Deposit Account.
- X The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 15-0508 for any fee that may be due in connection with such a request for an extension of time.

Date: October 23, 2001

Attorney's Signature

Name and Registration No. Talivaldis Cepuritis (Rég. No. 20,818)

## Correspondence Address:

OLSON & HIERL, LTD. 20 North Wacker Drive 36th Floor Chicago, Illinois 60606 Telephone: (312) 580-1180